TDDD (700				WARRY CLEAT THE		D3.0D	1	
IPDR6702 RUN DATE:	09/24/2006		IPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE:	1	
				ECKWRITE DATE: 09/28/2006				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404901		8535	2	SERVICE FACILITY LOCATION WAS				
3404301	SMOKY MOUNTAINM	0333	-	NOT INCLUDED IN YOUR 837.				
	H/DD/SAS			PLEASE RESUBMIT YOUR CLAIM WIT				
		0	0		0	2	2	0
					-			
3404904	WESTERN HIGHLAN	8534	102	SERVICE FACILITY LOCATION IS N				
	DS LME			OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
				PROVIDER. PLEASE VERIFY THE F				
		11	76	CLIENT NOT ELIGIBLE ON SERVICE		0.00		
				DATE	0	356	11454	11098
		143	62	CLIENT ID NUMBER NOT ON STATE				
	-		1	ELIGIBILITY FILE			-	
2404910		11	121	CLIENT MOT DITCIDID ON CERTICE				
3404910	PATHWAYS	11	131	CLIENT NOT ELIGIBLE ON SERVICE DATE				
			 	Manage Ma				
		8599	123	DETAIL NOT COVERED BY COMBINAT	48	320	5156	4836
			1	ION OF RECIPIENT, PROVIDER AND	48	320	2126	4030
				BENEFIT PACKAGE.				
		8933	27	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404912		11	6	CLIENT NOT ELIGIBLE ON SERVICE				
3404912	CATAWBA COUNTYM	11	0	DATE				
	ENTAL HEALT			DATE				
		21	5	DUPLICATE OF CLAIM-SYSTEM	8	19	1740	1721
		8935	5	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913		11	478	CLIENT NOT ELIGIBLE ON SERVICE				
3101313	MECKLENBURG COM		1.0	DATE				
	ENTAL HEALT							
		8933	437	ADTNC INELIGIBLE TO RECEIVE SE	538	1027	1032	5
				RVICES IN IPRS.				
		0021	70	AMPING INDITICIDID TO DECETUR OF				
		8931	78	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
			 	AVIOLO IN IERO.				
			 					
3404916	CROSSROADS BEHA	79	8	THIS SERVICE IS NOT PAYABLE TO				
	VIORAL HEAL		1	YOUR SUBMITTED BILLING				
			1	PROVIDER TYPE AND SPECIALTY IN				
	-	143	1	CLIENT ID NUMBER NOT ON STATE	0	9	886	877
				ELIGIBILITY FILE				
3404917		8599	1045	DETAIL NOT COVERED BY COMPINED				
J.03J1/	CENTERPOINT HUM	8599	2070	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	AN SERVICES		-	BENEFIT PACKAGE.				
			 					
		11	333	CLIENT NOT ELIGIBLE ON SERVICE	Δ	1532	3385	1853
			1	DATE	1	1552	5363	1000
		120	70	CLIENT ID NUMBER MISSING OR IN				
			ļ	VALID. ENTER CID AND SUBMIT				
			1	AS A NEW CLAIM				

ACCOUNTS March M								TOTAL	TOTAL
NAME						TNC	TOTAL	CLAIMS	CLAIMS
AND CASE	NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
1.00 1.00									
133 14 14 15 15 15 15 15 15	3404919	GUILFORD CO MEN	11	53					
DESCRIPTIONS DESCRIPTIONS DESCRIPTION		TAL HEALTHC			DATE				
Descriptions and Descriptions									
Descriptions and Descriptions									
ANALYSIS 1999 199			8599	18		0	71	84	13
14419-0									
LAMBOUR DE 1					BENEFIT PACKAGE.				
LAMBOUR DE 1	2404000		0500	0.57	DESCRIPTION OF COMPANY				
10 10 10 10 10 10 10 10	3404920		8599	257					
1		L AREA MH D							
13		+			BENEFIT PACKAGE.				
13		+	0.1	154	DUDY TOURS OF OUR TANK OVERTIME				
WORK SUMMARY BEALDING		+	21	154	DUPLICATE OF CLAIM-SISTEM	13	554	2666	2112
WORK SUMMARY BEALDING		+							
NOOR SUBSTITUTE BILLING PROVIDER TYPE AND SPECIALTY 18		+							
NOOR SUBSTITUTE BILLING PROVIDER TYPE AND SPECIALTY 18			70	4.4	MULC CEDULCE TO NOW DAVABLE NO				
		+	13	44					
11 12 13 14 15 15 15 15 15 15 15									
MATSHAM MEA.					PROVIDER TYPE AND SPECIALTY IN				
MATSHAM MEA.	2404001	+	1.1	1010	OLITHUM NOW BLIGIDLE ON ORDINOR				
27 136 PARKETS CONT MA 1 1514 131 131 131 131 131 131 131 131 131 1	3404921		11	1010					
11.0. VERTEY AND ENTRE THE		HATHAM AREA			DATE				
11.0. VERTEY AND ENTRE THE									
11.0. VERTEY AND ENTRE THE			27	106	DIACHORIC CODE MICCINC OD TANIA				
			<i>L</i> /	130		0	1554	3312	1758
					CORRECT DIAGNOSIS CODE AND SUB				
Monor Recurrent, Provider And		+	0500	120	DEMAND NOT COMPANY OF COMPANY				
SHAPE SHAP		+	8599	132					
1494922 150		+							
ACTION CONTROL AND ACTION OF THE CONTROL OF THE CON		+			DENETII PACKAGE.				
ACTION CONTROL AND ACTION OF THE CONTROL OF THE CON	2404022	+	2411	420	DROUTED MADE AND ODECTATES 07				
SINGERIT SERVICES OF GR AFTER D SINGERIT SERVICES OF GR AFTER D A CANNOT BET THE SAME AS R CANNOT BET THE SAME AS TO PR R CA	3404522		2411	420					
		ER							
R CANNOT BE THE SAME AS 112 108 FROUTER TYPE AND SPECIALTY 07 121 108 FROUTER TYPE AND SPECIALTY 07 122 108 FROUTER TYPE AND SPECIALTY 07 123 1340423 FIVE COUNTY MR 124 125 126 FROUTER TYPE AND SPECIALTY 07 125 126 FROUTER AND 126 126 FROUTER AND 127 126 FROUTER AND 128 127 ATTENDING PROVICER TYPE AND SP 129 120 120 120 FROUTER TYPE AND SP 120 120 120 FROUTER TYPE AND SP 120 121 120 FROUTER TYPE AND SPECIALTY 07 121 122 FROUTER TYPE AND SPECIALTY 07 122 123 FROM MIN/OD 123 124 FROUTER TYPE AND SPECIALTY 07 124 125 FROM MIN/OD 125 126 FROUTER TYPE AND SPECIALTY 07 126 FROM MIN/OD 127 128 FROM MIN/OD 128 129 FROUTER TYPE AND SPECIALTY 07 129 FROM MIN/OD 120 127 CLIENT ID NUMBER MISSING OR IN 120 127 VALID, ENTER CID AND SUBMIT 120 127 VALID, ENTER CID AND SUBMIT 120 127 VALID, ENTER CID AND SUBMIT 121 126 FROM CILING TOP CLAIM-SYSTEM 121 126 FROM CILING TOP CLAIM-SYSTEM 1304926 SOUTHEASTERN RE 121 126 FROM CILING TOP CLAIM-SYSTEM 1304927 SAME CLAIM 1304928 SOUTHEASTERN RE 121 122 SEVERE EXPLICATE OF CLAIM-SYSTEM 1304928 SOUTHEASTERN RE 131 127 SEVER SEVER SAME ATTO FR 1324928 SOUTHEASTERN RE 1334929 SOUTHEASTERN RE 1334939 SOUTHEASTERN RE 1344939 SOUTHEASTERN RE 1344939 SOUTHEASTERN RE 1344939 SOUT		+			BENEFII SERVICES ON OR AFIER D				
R CANNOT BE THE SAME AS 1412 108 PROVIDER TYPE AND SPECIALTY 07 4713 CANNOT BILL EMBARCED 54713 CANNOT BILL EMBARCED 5572 CANNOT BILL EMBARCED 5771 CANNOT BILL EMBARCED 5772 CANNOT BILL EMBARCED 5773 CANNOT BILL EMBARCED 5774 CANNOT BILL EMBARCED 5775 CANNOT BILL EMBARC		+	0.200	154	OLIVE DESCRIPTION AND ADDRESS OF THE PROPERTY				
THE LAMA		+	8329	154		3	938	4016	3078
1412 198		+							
### ### ##############################					THE LMA				
### ### ##############################			2410	100	DROUTERD WARE AND ORDOTALWA AS				
			3412	108					
1404923 FIVE COUNTY MR 5599 387 DETAIL NOT COVERED BY COMBINAT									
SEMEPTI PACKAGE SEMEPTI SENVICE SEMEPTI SENVICE SEMEPTI SENVICES ON OR AFTER D SEMEPTI SE					BENEFIT SERVICES ON OR AFTER D				
SEMEPTI PACKAGE SEMEPTI SENVICE SEMEPTI SENVICE SEMEPTI SENVICES ON OR AFTER D SEMEPTI SE	2404022	+	0500	207	DEMAIL NOW COVERED BY COMPINE				
SAME	3404923	FIVE COUNTY MH	0399	307					
S536 327 ATTENDING PROVIDER TYPE AND SP 0 1531 6552									
SCIALTY COMBINATION IS NOT					DENEFII FACRAGE.				
SCIALTY COMBINATION IS NOT		_	0536	207	APPENDING DECUIDED TYPE AND CD				
VALID FOR SUBMITTED BILLING FR 3411 304 FROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED 8ENEFIT SERVICES ON OR AFTER D 10 DATE 11 170 CLIENT NOT ELIGIBLE ON SERVICE 120 157 CLIENT 1D NUMBER MISSING OR IN 120 157 CLIENT ID NUMBER MISSING OR IN 121 48 DUPLICATE OF CLAIM-SYSTEM 122 1 48 DUPLICATE OF CLAIM-SYSTEM 1304926 SOUTHEASTERN RE 13404926 SOUTHEASTERN RE 1350 13404926 SUVERE DUPLICATE: SAME ARTD FR 1350 1350 DETAIL NOT OVERED BY COMBINAT 1350 1350 DETAIL NOT COVERED BY COMBINAT 1350 1350 DETAIL NOT COVERED BY COMBINAT 1351 1352 1353 1353 DETAIL NOT COVERED BY COMBINAT 1352 1353 1350 DETAIL NOT COVERED BY COMBINAT 1353 1350 DETAIL NOT COVERED BY COMBINAT 1364 1376 1376 13693		_	0330	32 /		0	1531	6522	4991
3411 304 FROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED 58NEPIT SERVICES ON OR AFTER D 3404925 SANDHILLS CENTE 11 170 CLIENT NOT ELIGIBLE ON SERVICE R FOR MH/DD 120 157 CLIENT ID NUMBER MISSING OR IN 3 525 2477 VALID. ENTER CID AND SUBMIT AS A BAR CLAIM 121 48 DUPLICATE OF CLAIM-SYSTEM 5404 432 SEVERE DUPLICATE: SAME ATTD FR 66 1756 5693 OV/PCODE/TOS/DOS/MOD 1599 339 DETAIL NOT OVERED BY COMEINAT 10 NO FECTIFIENT, PROVIDER AND									
A		_	+		VABID FOR SUBMITTED BIBLING FR				
4/113 CANNOT BILL ENHANCED		_	2411	304	DECEMBED TYPE AND ODECTALTY 07				
BENEFIT SERVICES ON OR AFTER D		+	3411	204					
SANDHILLS CENTE 1		+							
R FOR MH/DD DATE DATE SOUTHER STATE SAME ATTD FR G6 1756 5693 DATE DATE STATE STATE STATE STATE SAME ATTD FR G6 1756 5693 DATE DATE STATE STATE SAME ATTD FR G6 1756 5693 DATE SAME SAME SAME SAME SAME SAME SAME SAM		+			DENTITY OF VICES OF ON THE PERSON				
R FOR MH/DD DATE DATE SOUTHER STATE SAME ATTD FR G6 1756 5693 DATE DATE STATE STATE STATE STATE SAME ATTD FR G6 1756 5693 DATE DATE STATE STATE SAME ATTD FR G6 1756 5693 DATE SAME SAME SAME SAME SAME SAME SAME SAM	3404925	03.VDUTTTO G=	11	170	CLIENT NOT ELIGIBLE ON SERVICE				
120			+	+					
VALID. ENTER CID AND SUBMIT AS A NEW CLAIM 21 48 DUPLICATE OF CLAIM-SYSTEM 21 626 DUPLICATE OF CLAIM-SYSTEM 3404926 SOUTHEASTERN RE C MENTAL HL 3404 432 SEVERE DUPLICATE: SAME ATTD PR 66 1756 5693 67/FCODE/TOS/DOS/MOD 8599 339 DETAIL NOT COVERED BY COMBINAT 10N OF RECIPIENT, PROVIDER AND		K FOR MH/DD	+						
VALID. ENTER CID AND SUBMIT		+	+						
VALID. ENTER CID AND SUBMIT		+	120	157	CLIENT ID NUMBER MISSING OR IN				
AS A NEW CLAIM AS A NEW CLAIM 21 48 DUPLICATE OF CLAIM-SYSTEM 21 48 DUPLICATE OF CLAIM-SYSTEM 3404926 SOUTHEASTERN RE 21 626 DUPLICATE OF CLAIM-SYSTEM 3404926 SOUTHEASTERN RE 21 626 DUPLICATE OF CLAIM-SYSTEM 3404926 SOUTHEASTERN RE 3404 432 SEVERE DUPLICATE: SAME ATTD FR 3405 SEVERE DUPLICATE: SAME ATTD FR 3406 SEVERE DUPLICATE: SAME ATTD FR 3406 SEVERE DUPLICATE: SAME ATTD FR 3407 SEVERE DUPLICATE: SAME ATTD FR 3408 SEVERE DUPLICATE: S		+	+ -	1		3	525	2477	1952
21 48 DUPLICATE OF CLAIM-SYSTEM 3404926 SOUTHEASTERN RE 21 626 DUPLICATE OF CLAIM-SYSTEM G MENTAL HL 5404 432 SEVERE DUPLICATE: SAME ATTO PR 66 1756 5693 OV/PCODE/TOS/DOS/MOD 6599 339 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		+	+	-					
3404926 SOUTHEASTERN RE 21 626 DUPLICATE OF CLAIM-SYSTEM G MENTAL HL 5404 432 SEVERE DUPLICATE: SAME ATTO PR 66 1756 5693 OV/PCODE/TOS/DOS/MOD 8599 339 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		+	+						
3404926 SOUTHEASTERN RE 21 626 DUPLICATE OF CLAIM-SYSTEM G MENTAL HL 5404 432 SEVERE DUPLICATE: SAME ATTO PR 66 1756 5693 OV/PCODE/TOS/DOS/MOD 8599 339 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		+	21	48	DUPLICATE OF CLAIM-SYSTEM				
SOUTBEASTERN RE G MENTAL HL 5404 432 SEVERE DUPLICATE: SAME ATTD PR 66 1756 5693 OV/PCODE/TOS/DOS/MOD 8599 339 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		+	+						
SOUTBEASTERN RE G MENTAL HL 5404 432 SEVERE DUPLICATE: SAME ATTD PR 66 1756 5693 OV/PCODE/TOS/DOS/MOD 8599 339 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		+	+	-					
SOUTBEASTERN RE G MENTAL HL 5404 432 SEVERE DUPLICATE: SAME ATTD PR 66 1756 5693 OV/PCODE/TOS/DOS/MOD 8599 339 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		+	+	-					
SOUTBEASTERN RE G MENTAL HL 5404 432 SEVERE DUPLICATE: SAME ATTD PR 66 1756 5693 OV/PCODE/TOS/DOS/MOD 8599 339 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	3404926	COLUMN A CARDON D-	21	626	DUPLICATE OF CLAIM-SYSTEM				
5404 432 SEVERE DUPLICATE: SAME ATTD PR 66 1756 5693 OV/PCODE/TOS/DOS/MOD 8599 339 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND			+						
OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD		G MENTAL HL	+						
OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD		+	+	-					
OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD OV/PCODE/TOS/DOS/MOD		+	5404	432	SEVERE DUPLICATE: SAME ATTD PR				
8599 339 DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND		+	+ -	-		66	1756	5693	3937
ION OF RECIPIENT, PROVIDER AND		+	+						
ION OF RECIPIENT, PROVIDER AND		+	+						
ION OF RECIPIENT, PROVIDER AND		+	8599	339	DETAIL NOT COVERED BY COMBINAT				
		+	1	1-2-					
BENEFIT PACKAGE		+	+		BENEFIT PACKAGE.				
		+	+						

		T					TOTAL	TOTAL
PROVIDER	+	HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8599	48	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0.1	00	DUDI TOURD OF GLATIN GUOTEN				
		21	22	DUPLICATE OF CLAIM-SYSTEM	1	105	2343	2238
	+	-						
	+	5404	17	SEVERE DUPLICATE: SAME ATTD PR				
	+			OV/PCODE/TOS/DOS/MOD				
	+							
3404930	JOHNSTON COUNTY	8535	1	SERVICE FACILITY LOCATION WAS				
	MNTL HLTHC			NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
ļ		0	0					
		U	U		0	1	1	0
-								
3404931	WWW. 00 WW	21	1940	DUPLICATE OF CLAIM-SYSTEM		1		
	WAKE CO HUM SVC BILLING OF	+	1		 	 		-
	DIEDING OF	+	 			 		
	+	+	 		1	 		
		8599	442	DETAIL NOT COVERED BY COMBINAT	269	3788	25131	21343
	+	1		ION OF RECIPIENT, PROVIDER AND	209	3700	2,131	-1343
	+			BENEFIT PACKAGE.				
	1	1			İ			
	<u> </u>	11	408	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE	1			
 								
3404933	SOUTHEASTERN CT	21	29	DUPLICATE OF CLAIM-SYSTEM				
 	R FOR MH/DD							
		8329	0	CLAIM DENIED ATTENDING PROVIDE				
1		8329	2	R CANNOT BE THE SAME AS	1	34	61	27
 	+			THE LMA				
 				ITE LEA				
l	+	8532	2	SUBMITTED BILLING PROVIDER IS				
 	+			NOT ELIGIBLE FOR DATE OF				
	-	-		SERVICE BILLED				
1	-	1						
3404934	ONSLOW CARTERET	3411	90	PROVIDER TYPE AND SPECIALTY 07				
ĺ	BEHAV HEAL			4/113 CANNOT BILL ENHANCED				
ĺ				BENEFIT SERVICES ON OR AFTER D				
		11	55	CLIENT NOT ELIGIBLE ON SERVICE	0	250	1012	762
				DATE				
ļ		0.534	35	SERVICE FACILITY LOCATION IS N				
-		8534	33	OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
	+	+	 		 	 		-
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR	1						
		<u> </u>	1		1	1		
			1			1		
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8931	1	AMTNC INELIGIBLE TO RECEIVE SE				
<u> </u>	ENTAL HEALT	_		RVICES IN IPRS.				
								
	+	10	0		1	1		1
	+	-	-		1	1	738	737
	+	-	 			1		
3404937	EDGECOMBE NASH	79	66	THIS SERVICE IS NOT PAYABLE TO				-
	EDGECOMBE NASH MNTL HLTH C	+	 	YOUR SUBMITTED BILLING		 		
		+	 	PROVIDER TYPE AND SPECIALTY IN				
		1						
	+	21	21	DUPLICATE OF CLAIM-SYSTEM	0	93	2860	2767
	+					33	2500	
			1			1		
			1			1		
	<u> </u>	8536	5	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		·	·			· · · · · · · · · · · · · · · · · · ·		_

PROVIDER NUMBER					1			
		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER				DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE	8599	15	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	10	CLIENT ID NUMBER DOES NOT MATC	0	35	238	203
	+			H PATIENT NAME			230	200
	+							
		1.1	2	OTTOWN NOW BYTGIDED ON ORDITOR				
		11	/	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404941	PITT CO MH/DD/S	21	3612	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER							
	+							
	-	8537	1738	PROCEDURE IS NOT PAYABLE FOR Y	004	11007	10007	6400
				OUR PROVIDER TYPE AND	224	11827	18227	6400
				SPECIALTY IN ACCORDANCE TO MEN				
				SPECIALII IN ACCORDANCE TO MEN				
		3411	1158	PROVIDER TYPE AND SPECIALTY 07				
			<u> </u>	4/113 CANNOT BILL ENHANCED	L			
				BENEFIT SERVICES ON OR AFTER D				
			1		1			
3404942	ROANOKE CHOWANH	3411	99	PROVIDER TYPE AND SPECIALTY 07				
			+	4/113 CANNOT BILL ENHANCED	 			
	UMAN SERVIC	+	+	BENEFIT SERVICES ON OR AFTER D	 			
		-	+		-			
		21	0	DUPLICATE OF CLAIM-SYSTEM	1			
		21	0	DOPLICATE OF CLAIM-SISIEM	0	117	828	711
		79	7	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
	+							
3404943		8599	243	DETAIL NOT COVERED BY COMBINAT				
	ALBEMARLE MENTA	****		ION OF RECIPIENT, PROVIDER AND				
	L HEALTH CE			BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		8931	29	AMTNC INELIGIBLE TO RECEIVE SE	44	337	1207	870
				RVICES IN IPRS.				
			12	ASTNC INELIGIBLE TO RECEIVE SE				
		8935						
		8935	12	DUTCES IN IDES				
		8935	12	RVICES IN IPRS.				
		8935	12	RVICES IN IPRS.				
3404944	EASTPOINTE HUMA	8599	179	DETAIL NOT COVERED BY COMBINAT				
3404944	EASTPOINTE HUMA N SERVICES			DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404944				DETAIL NOT COVERED BY COMBINAT				
3404944				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404944				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	Α Α	419	5545	5126
3404944		8599	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	419	5545	5126
3404944		8599	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y	8	419	5545	5126
3404944		8599	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND	8	419	5545	5126
3404944		8599 8537	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	8	419	5545	5126
3404944		8599	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND	8	419	5545	5126
3404944		8599 8537	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	8	419	5545	5126
3404944		8599 8537	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	8	419	5545	5126
		8599 8537 21	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM	8	419	5545	5126
3404944		8599 8537	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE	8	419	5545	5126
	N SERVICES FOOTHILLS AREAM	8599 8537 21	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM	8	419	5545	5126
	N SERVICES	8599 8537 21	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE	8	419	5545	5126
	N SERVICES FOOTHILLS AREAM	8599 8537 21	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE	8	419	5545	5126
	N SERVICES FOOTHILLS AREAM	8599 8537 21 8931	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTINC INELIGIBLE TO RECEIVE SE EVICES IN IPRS.	8			
	N SERVICES FOOTHILLS AREAM	8599 8537 21	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTINC INELIGIBLE TO RECEIVE SE EVICES IN IPRS. SERVICE FACILITY LOCATION WAS	8	419		
	N SERVICES FOOTHILLS AREAM	8599 8537 21 8931	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837.	8			
	N SERVICES FOOTHILLS AREAM	8599 8537 21 8931	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTINC INELIGIBLE TO RECEIVE SE EVICES IN IPRS. SERVICE FACILITY LOCATION WAS	62			
3404946	N SERVICES FOOTHILLS AREAM	8539 8537 21 8931	179 126 45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	8			
	N SERVICES FOOTHILLS AREAM ENTAL HEALT	8599 8537 21 8931	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT	8			
3404946	N SERVICES FOOTHILLS AREAM ENTAL HEALT TIDELAND MENTAL	8539 8537 21 8931	179 126 45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	62			
3404946	N SERVICES FOOTHILLS AREAM ENTAL HEALT	8599 8537 21 8931	179 126 45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	62			
3404946	N SERVICES FOOTHILLS AREAM ENTAL HEALT TIDELAND MENTAL	8599 8537 21 8931	179 126 45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT	62			
3404946	N SERVICES FOOTHILLS AREAM ENTAL HEALT TIDELAND MENTAL	8599 8537 21 8931 8535	179 126 45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		63	63	0
3404946	N SERVICES FOOTHILLS AREAM ENTAL HEALT TIDELAND MENTAL	8599 8537 21 8931	179 126 45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 637. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	62		63	0
3404946	N SERVICES FOOTHILLS AREAM ENTAL HEALT TIDELAND MENTAL	8599 8537 21 8931 8535	179 126 45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		63	63	0
3404946	N SERVICES FOOTHILLS AREAM ENTAL HEALT TIDELAND MENTAL	8599 8537 21 8931 8535	179 126 45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 637. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE		63	63	0
3404946	N SERVICES FOOTHILLS AREAM ENTAL HEALT TIDELAND MENTAL	8599 8537 21 8931 8535	179 126 45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 637. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE EVICES IN IPRS.		63	63	0
3404946	N SERVICES FOOTHILLS AREAM ENTAL HEALT TIDELAND MENTAL	8599 8537 21 8931 8535	179 126 45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 637. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE		63	63	0
3404946	N SERVICES FOOTHILLS AREAM ENTAL HEALT TIDELAND MENTAL	8599 8537 21 8931 8535 8599	179 126 45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 637. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE EVICES IN IPRS.		63	63	0

Sheet1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	11	22	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		5404		SEVERE DUPLICATE: SAME ATTD PR	2	51	3044	2993
				OV/PCODE/TOS/DOS/MOD				
		21	5	DUPLICATE OF CLAIM-SYSTEM				